



HEALTH CARE RECRUITERS

www.unihcr.com

Name: _____

Clinical area of Competence with past 3 years: _____

Date: _____

Type of Unit	Size of Unit
_____	_____

Classification: _____

Have you Traveled Before?	Yes	No
_____	_____	_____

Total Years experience: _____

Expertise/Experience Not Listed: _____

INSTRUCTIONS: This checklist is meant to serve as general guideline for our client facilities as to the Level of your skills within your nursing specialty. Please use the scale below to describe your experience/expertise in each area listed below.

0 = Never Performed 1= Limited Experience 2= Comfortable Performing 3= Proficient

INDICATE CLINICAL SKILL COMPETENCY AND LEVEL OF PROFICIENCY FOR ALL PROCEDURES / EQUIPMENT IN LAST 12 MONTHS.

	SKILL LEVEL					SKILL LEVEL			
	0	1	2	3		0	1	2	3
EXPERIENCE									
Neuro (NEURO)					CSF leak				
Cardiovascular (CARDIO)					Clot				
Telemetry (TELE)					Herniation				
Respiratory (RESP)					Use of rotating bed, Stryker frame				
GastroIntestinal (GI)					Care of patient w/ halo traction/cervical tongs				
Renal (GU)					Care of patient w/ barbiturate-induced coma				
Substance Abuse					CARDIOVASCULAR PROBLEMS				
Orthopedic (ORTHO)					Obtaining 12 lead EKG				
Burns					Arrhythmia interpretation				
Abuse/Violence					Arrest - initial resuscitation				
CHARTING					CPR and emergency drug therapy				
Computerized					Defibrillation/cardioversion				
DARE					Titration of vasoactive drugs				
APIE					Assist with the insertion/care of:				
SOAPIE					Arterial line, SG cath				
FOCUS					Care of patient w/ pacemakers:				
Discharge Planning					Assist with insertion				
Utilization Review					Permanent and/or temporary				
Chart Review/Audit					Care of patient w/ acute myocardial infarction				
Other:					TPA administration				
NEUROLOGICAL PROBLEMS					Prepare for PTCA				
Perform advanced neuro assessment :					Management of cardiogenic shock				
Cranial nerves					Care of patient with intra aortic balloon pump				
Reflexes					Care of patient with CAVH-D				
Visual or communication deficits					Care of patient on ventricular assist device				
Intracranial pressure monitoring and care of patient:					(RVAD or LVAD)				
Positioning									
Temperature regulation									
Medications									
Recognition/intervention of complications:									

CRITICAL CARE SKILLS CHECKLIST

Name: _____

Date: _____

INDICATE CLINICAL SKILL COMPETENCY AND LEVEL OF PROFICIENCY FOR ALL PROCEDURES / EQUIPMENT IN LAST 12 MONTHS.

	SKILL LEVEL					SKILL LEVEL			
	0	1	2	3		0	1	2	3
CARDIOVASCULAR PROBLEMS					RESPIRATORY PROBLEMS				
Titrating cardiovascular drugs:					Modes of ventilation:				
DOPAMINE					High frequency jet ventilation				
DOBUTREX					Care of patient after thoracic surgery				
ISUPREL					Assist with chest tube insertion/set up/removal				
EPINEPHRINE					Assist with thoracentesis				
LEVOPED					Assist with bronchoscopy				
NIPRIDE					Care of patient with tracheostomy				
TRIDIL					Care of patient in pulmonary edema				
LIDOCAINE					Care of patient with ECMO				
DIGITALIS					Care of patient with ARDS				
STREPTOKINASE					Care of patient with lung transplant				
PTCA					Use of chest drainage system				
Other:					GASTRO INTESTINAL PROBLEMS				
Care of an open heart patient:					Sengstaken-Blakemore tubes				
Immediate post-op					Miller/Abbott tubes				
24-48 hour post-op					Multiple abdominal surgeries				
Care of heart transplant patient					Care of patient with multiple abdominal wounds and drains				
Assist with open chest procedure					CVVHD				
Care of patient with MAST suit/rotating tourniquets					RENAL PROBLEMS				
Care of patient with abdominal aortic aneurysm					Care of patient in acute renal failure				
Computation of cardiac outputs					Care of patient on hemodialysis				
Interpretation of Swan Ganz reading:					Care of patient with ileal/conduit				
P.A. pressure					Perform Peritoneal dialysis				
PCWP					SUBSTANCE ABUSE				
Care of patient in shock:					Care of EWAL tube				
Septic					Closed system lavage				
Hypovolemic					Administration of activated charcoal/Ipecac				
Cardiogenic					ORTHOPEDIC				
RESPIRATORY PROBLEMS					Casts				
Identify/Intervene in respiratory complications:					Splints				
Pneumothorax					Immobilizing joints/extremities				
Aspiration					First aid				
Pulmonary edema					Bier block or IV Xylocaine uses				
Laryngospasm					Insertion of pins/external fixation				
Assisting with intubation/extubation					Application of:				
Obtaining arterial blood gases from arterial line					Clavical strap				
Arterial blood gases interpretation					Shoulder immobilizer				
Arterial puncture for ABG's					Knee immobilizer				
Care of intubated patient:					Ace wrap to joints				
Suctioning					MISCELLANEOUS				
ETT care					Administration of total parenteral nutrition				
Cuff pressures					Care of patient on universal isolation precautions				
Use of volume ventilators					Hypothermia management				
Use of pressure ventilators					Reverse isolation				
Troubleshoot ventilator complications:					Care of burn patients:				
High pressure alarm					1st°				
Low exhale volume					2nd°				
Weaning patient from ventilator					3rd°				
Modes of ventilation:									
IMV									
CPAP									
PEEP									
Assist-control									
Blowby									
Pressure support									

CRITICAL CARE SKILLS CHECKLIST

Name: _____

Date: _____

INDICATE CLINICAL SKILL COMPETENCY AND LEVEL OF PROFICIENCY FOR ALL PROCEDURES / EQUIPMENT IN LAST 12 MONTHS.

EXPERIENCE WITH SPECIAL EQUIPMENT	SKILL LEVEL						
	0	1	2	3			
EKG machines					Have you had a formal critical course?	Yes	No
02 Equipment:					If yes, where was it taken?		
Ventilators					Did you receive a certificate of completion?	Yes	No
H cylinders					How many hours was the course?		
E cylinders							
Compressed air					Have you had an arrhythmia course?	Yes	No
Nebulizer set-up					(Either a separate course or part of a formal critical course?)		
T-tube							
Ventimask					Are you IV certified?	Yes	No
Nasal Cannula							
BIPAP					How many years have you worked in critical care?		
Continuous aerosol					_____		
Nonrebreather					_____		
Ambu Bag							
Oximizer							
Emergency suction equipment							

EXPERIENCE SETTING UP TRAYS

- Suture set
- Cut down
- C.V.P./A Line
- Chest tube
- Peritoneal Lavage
- Pelvic exam
- Trach tray
- Procto/endo/bronchotrayer

EXPERIENCE WITH SPECIAL PROCEDURES

- Chest Tubes:
 - Emerson
 - Pleur-Evac
 - Laryngoscope
 - Endo tubes
 - Ambu bags
 - Tracheotomy
- Pacemakers:
 - Trans-thoracic
 - Percutaneous
- Rotating tourniquets
- Hickman-Broviac catheters
- Cardioversion/defibrillation
- Cardiac Monitoring/Drugs

Name: _____

Date: _____

<u>Age Specific Skills</u>	Neonates (0-30 days)	Infants (1 mo- 1 yr)	Toddlers (1-3 yrs)	Preschool (4-6 yrs)	School Age (7-12 yrs)	Adolescent (13-18 yrs)	Young Adult (19-39 yrs)	Middle Adults (40-64 yrs)	Older Adults (65+ yrs)
Check the box under EACH age group that you have experience with and are comfortable with for each skill below.									
Understands the different communication needs for the age group & changes communication methods and terminology accordingly									
Understands the different medications, dosages and possible side effects for the age group and administers medications appropriately									
Understands the different safety risks for the age group and alters the environment accordingly									
Understands the normal growth and development for the age group and adapts care accordingly									

I hereby certify that ALL information I have provided to **UNI**, on this skills checklist and all other documentation, is true and accurate.

I understand and acknowledge that any misrepresentation or omission may result in disqualification for employment and /or immediate termination.

Nurse Signature _____

Date _____

FAX TO (213) 249-9147

CRITICAL CARE SKILLS CHECKLIST